STATE PERSONNEL BOARD, STATE OF COLORADO		
Case No[Insert case number]		
COMPLAINANT'S MOTION FOR [Instruction: please in motion. For example, "Motion for Extension of Time."]	dicate the purpose of your	
, [Insert your name]		
Complainant		
v.		
, [Insert the name of the State Ag	gency/Employer]	
Respondent		
The Complainant submits the following motion:		
CONFERRAL Prior to filing a motion, you must confer with the other side's attorney about the motion. In general, a face-to-face or telephone conversation is preferred over an email communication. If you did not confer with the other side's attorney about the motion, you must state the reason for not conferring.		
☐ I conferred with Respondent's attorney about this motion.		
The attorney's name is:		
Respondent's attorney informed me that Respondent:		
☐ Does not oppose this motion☐ Opposes this motion		
☐ I did not confer with Respondent's attorney because:		
 ☐ The attorney was not available ☐ The attorney did not return phone call/email. Please describe: 		
Other. Please describe:	·	

Instruction: In general, you must show good cause for the request in your motion. "Good cause" means a good reason for making your request that is not due to an act or omission on your part.

MOTION

Please state what you are requesting, the reason for your request, and all legal authority that supports your request.

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For example: "I am requesting a five-day extension of time from December 6 to December 11 to file my Information Sheet. I am in the process of packing and moving to a new home and need additional time. Board Rule 8-45(C) allows the Board to grant a five-day extension of time to file an Information Sheet if there is good cause".		

SIGNATURE				
Full name of the person filing this motion:		Signature:		
Email address and phone number of the person filing this motion:		Date:		
SERVICE				
You must provide a copy of this Motion to the other side. Please indicate below who received a copy of this Motion. Also indicate how you delivered the copy. Email delivery is preferred. You may use more than one method of delivery.				
Party:	Delivery	Method		
Colorado Attorney General's Office Name of attorney: Employment Section 1300 Broadway, 10th Floor Denver, CO 80203 Other Party (if applicable):		elivery/courier specify address):		
	☐Hand-delivery/courier			
		(specify address):		
CE	RTIFICATE	OF SERVICE		
I hereby certify that I have served this M	1otion upon	the parties listed above on the date listed below.		
Signature:				
Date:				
FILING CHECKLIST You must complete each of these filing steps. Note that you may need to hand deliver your filing to ensure timely receipt.				

☐ Hardcopy mailed, hand-delivered, faxed, or emailed to State Personnel Board, 152	5 Sherman
Street, 4th Floor, Denver, Colorado 80203. Fax number is 303-866-5038. Please	do not fax
documents in excess of ten pages. Email address is dpa_state.personnelboard@state.co	.us